

LEAD OWNER OCCUPIED PROGRAM
INTAKE APPLICATION

Property # _____

APPLICANT INFORMATION

Name:	D.O.B.	Social Security #	Phone # (717)
Address:	How long Yr. Mos.	Own Rent	No. of Bedrooms
Name(s) Appearing on Deed:		Book and Page of Recordation:	
Do you have a current Homeowner's Insurance Policy: Yes No (if so please provide)			
Rehabilitation Work Needed:			

EMPLOYMENT INFORMATION

Name & Address of Employer:	Phone # (717)
Gross Monthly Salary: \$	Position:
NOTICE: Alimony, Child Support, Social Security, Public Assistance, Disability, Retirement, and all other income must be included.	
Other Income:	

HOUSEHOLD MEMBERS INFORMATION

NAME	D.O.B.	Social Security #	SEX	RELATIONSHIP

HOUSEHOLD MEMBERS INCOME INFORMATION

NAME	SOURCE & ADDRESS	MONTHLY AMT.

I Certify under penalty of law, that the information furnished is complete and true to the best of my knowledge and is submitted to the City of Harrisburg for purposes of the rehabilitation program under LHC Grant services. I understand that I must live in the property at which rehabilitation is being done for a period not to exceed three (3) years . I also understand that a lien will be placed on my home for a period not to exceed three (3) years and after those three (3) years, that lien will be forgiven. Should I move out of this residence before the three (3) year limit, I will be required to pay back any monies owed at a pro-rated basis.

Applicant's Signature(s): _____ Date: _____

DBHD Staff Signature: _____ Date: _____

City of Harrisburg
2009 DIRECT BENEFIT SURVEY FORM

For Housing Programs

CDBG/HOME-Funded Program/Project: _____

The following information is needed to determine the eligibility of housing activities funded by the Community Development Block Grant (CDBG) Program of the U.S. Department of Housing and Urban Development (HUD). The head of household who occupies or will occupy CDBG-assisted housing should complete this form.

Occupant's Name (please print): _____

Address: _____

1. How many people live in your house or apartment? _____ (This is your household size. Use this number to complete Question #2.)

2. What is your total annual household income? \$ _____. Find your household size in the first column below. On that row, check the box that describes your total household income for your household size.

Check one box only.

Family Size	0 – 30% MFI Annual Family Income	31% - 50% MFI Annual Family Income	51% - 80% MFI Annual Family Income	Over 80% MFI Annual Family Income
1	<input type="checkbox"/> \$14,750 or less	<input type="checkbox"/> \$14,751 - \$24,600	<input type="checkbox"/> \$24,601 - \$39,400	<input type="checkbox"/> over \$39,400
2	<input type="checkbox"/> \$16,900 or less	<input type="checkbox"/> \$16,901 - \$28,100	<input type="checkbox"/> \$28,101 - \$45,000	<input type="checkbox"/> over \$45,000
3	<input type="checkbox"/> \$19,000 or less	<input type="checkbox"/> \$19,001 - \$31,650	<input type="checkbox"/> \$31,651 - \$50,650	<input type="checkbox"/> over \$50,650
4	<input type="checkbox"/> \$21,100 or less	<input type="checkbox"/> \$21,101 - \$35,150	<input type="checkbox"/> \$35,151 - \$56,250	<input type="checkbox"/> over \$56,250
5	<input type="checkbox"/> \$22,800 or less	<input type="checkbox"/> \$22,801 - \$37,950	<input type="checkbox"/> \$37,951 - \$60,750	<input type="checkbox"/> over \$60,750
6	<input type="checkbox"/> \$24,500 or less	<input type="checkbox"/> \$24,501 - \$40,750	<input type="checkbox"/> \$40,751 - \$65,250	<input type="checkbox"/> over \$65,250
7	<input type="checkbox"/> \$26,150 or less	<input type="checkbox"/> \$26,151 - \$43,600	<input type="checkbox"/> \$43,601 - \$69,750	<input type="checkbox"/> over \$69,750
8	<input type="checkbox"/> \$27,850 or less	<input type="checkbox"/> \$27,851 - \$46,400	<input type="checkbox"/> \$46,401 - \$74,250	<input type="checkbox"/> over \$74,250

3. Racial/ethnic group of head of household.

Check all that apply:

- ☐ Black/African-American
- ☐ White
- ☐ Asian
- ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian/ Other Pacific Islander
- ☐ Am. Indian/ Alaskan Native & White
- ☐ Asian & White
- ☐ Black/African American & White
- ☐ Am. Indian/ Alaskan Native & Black/African American
- ☐ Other Multi-Racial

4. Hispanic Ethnicity? Yes No

Check one:

- ☐ Owner-occupant
- ☐ Renter-occupant

5. If a renter, monthly rent paid: \$ _____

6. Is the head of the household a female? Yes No

7. Is the head of the household age 62 or over? Yes No

Any false statements made knowingly and willfully may subject the signer to penalties under Section 1010 of the United States Code.

Occupant's Signature

Date

Child Occupied Unit Certification
Lead Hazard Control Program (LHCP)

Please print all requested information (except signatures).

Type of Unit ☐ Rental ☐ Owner Occupied

Name(s) of Owner/Tenant: _____

Address: _____

Name of Child #1 _____

Age of Child _____ Child Date of Birth _____

Name of Child #2 _____

Age of Child _____ Child Date of Birth _____

Name of Child #3 _____

Age of Child _____ Child Date of Birth _____

Name of Parent/Guardian of the Child(ren) _____

Relationship of the Child(ren) to the Owner/Tenant _____

Please check one of the following, which best describes the child occupancy of this unit:

☐ Child under age 6 is a permanent resident of the above-mentioned unit.

☐ Child under age 6 is expected to reside in the unit (i.e., pregnant woman is an occupant; or family is undergoing the process to adopt or become foster parents of a child under age 6).

☐ Child under age 6 visits at least two different days within the week (Sunday through Saturday) and each day's visit lasts at least 3 hours and the combined weekly visits last at least 6 hours and the combined annual visits last at least 60 hours. Estimated duration and frequency of visits _____.

I/We certify that the disclosed information is true and will be used for program participation purposes only.

Parent/Guardian

Date

Tenant/Owner

Date



Linda D. Thompson,
Mayor

City of Harrisburg

Verification of Wage / Unemployment



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property # _____

APPLICANT INFORMATION

Name:

Phone #

(717)

How long

Address:

The above listed applicant owns a home that may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and is required by the United States Department of Housing and Urban Development. Please complete this form with the requested information and return in the envelope provided. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF WAGE / UNEMPLOYMENT

Name & Address of Employer:

Position / Title

Gross Annual Salary

Date of Employment

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.

Name of Verifier

Date



Linda D. Thompson,
Mayor

City of Harrisburg

Verification of Assets



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property #

APPLICANT INFORMATION

Name:

Phone #

(717)

How long

Address:

The above listed applicant currently owns a home that may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and is required by the United States Department of Housing and Urban Development. The information you provide will be used only for the purpose of determining the household's eligibility for tenancy. We are required to complete our verification process in a short time period and would appreciate your prompt response. Please complete this form with the requested information and return in the envelope provided. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF ASSETS

Name & Address of Bank:

RELEASE: I hereby authorize the release of the requested information.

Signature of Authorization & Date(Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681
Attention: Darrell Livingston

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Project Manager & Date



Linda D. Thompson,
Mayor

City of Harrisburg

Verification of Assets



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

CHECKING ACCOUNT

Account Number(s)

Average 6-month Balance

Interest Rate, if any

SAVINGS ACCOUNT

Account Number(s)

Present Account Balance(s)

Annual Interest Rate, if any

Withdrawal Penalty

CERTIFICATE OF DEPOSIT

Account Number(s)

Present Account Balance(s)

Annual Interest Rate, if any

Withdrawal Penalty

TRUST

Value of Trust Fund Administered

Anticipated amount of Income to be earned by Trust over the next 12 months

I certify that the above information is true and correct.

Name & Title of Official

Signature & Date

Name & Address of Institution

Telephone Number



Linda D. Thompson,
Mayor

City of Harrisburg

Verification of Grant Assistance



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property # _____

APPLICANT INFORMATION

Name:

Phone #

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Address:

The above listed applicant currently owns a home may receive Lead Hazard Control Grant funds in the rehabilitation of said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and the United States Department of Housing & Urban Development. Please complete this form with the requested information and return it. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF GRANT ASSISTANCE

Agency & Address::

Social Security Number

Case Number

Monthly Benefit Amount

\$

Food Stamp Amount

\$

Other Benefit Amount

\$

Signature of Authorization (Applicant's)

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Harrisburg, PA 17101-1681

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Name & Date (Verifier)



Linda D. Thompson,
Mayor

City of Harrisburg



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Verification of Support Grant Assistance

Property # _____

APPLICANT INFORMATION

Name:	Social Security #	DOB	Phone #
Address:			

The above listed applicant currently owns a home that may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and the United States Department of Housing & Urban Development. Please complete this form with the requested information and return it. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF SUPPORT GRANT ASSISTANCE

Name & Address:	
Defendant's Name	Docket #
Monthly Benefits	
From (dates)	

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

***Note:** The above information is furnished at your request in the strictest of confidence.

Name & Date (Verifier)



Linda D. Thompson,
Mayor

City of Harrisburg

Verification of Social Security



Department of Building
and Housing
Development
Bureau of Housing
Phone: 255-6419

Property # _____

APPLICANT INFORMATION

Name: _____ Social Security # _____ Phone # _____

Address: _____ How long _____

The above listed applicant owns a home that has received or may receive Lead Hazard Control grant funds in the rehabilitation of the said property. The applicant(s) has authorized the City of Harrisburg to obtain financial information related to income received. This information is for the use of this Agency, and the United States Department of Housing & Urban Development. Please complete this form with the requested information and return it. The applicant(s) has been informed of all rights to Financial Privacy.

VERIFICATION OF SOCIAL SECURITY

Name & Address: _____

Gross Amount of Social Security Benefit _____

Amount Deducted for Medicare _____

Supplemental Security Income (SSI) Payment _____

Signature of Authorization (Applicant's)

Return Form(s) to: Department of Building & Housing Development
City of Harrisburg
The Rev. Martin L. King, Jr. City Government Center
10 North 2nd Street, Suite 206
Harrisburg, PA 17101-1681

Attention: Darrell Livingston

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Name & Date

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